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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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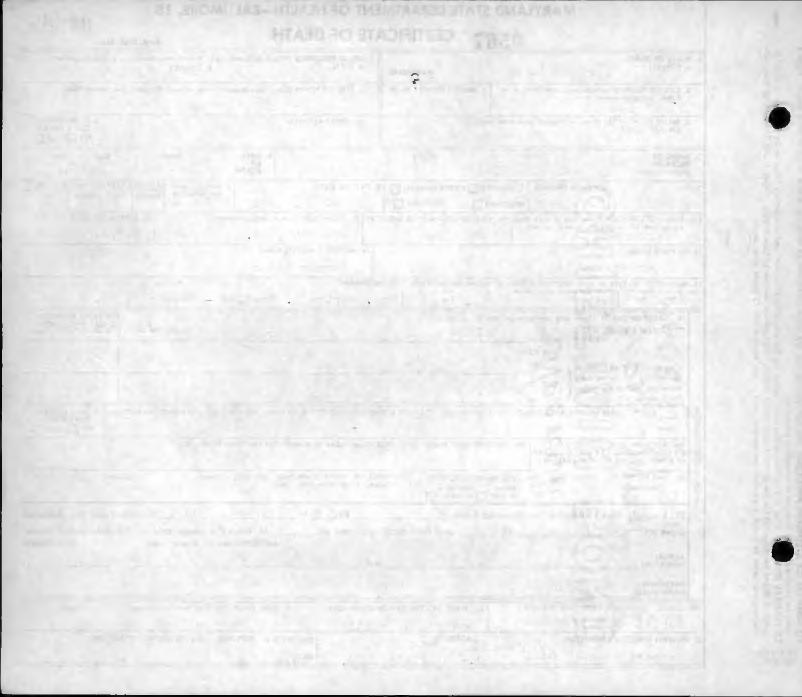
eg. Dist. No.

		Togg of the control o
F	g.	ACE OF DEATH COUNTY Charles 0566 MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE Navy Camb. COUNTY Charles
	b.	CITY OR TOWN (If outside corporate limits, write RURAL ond give negrest lown) and give negrest-town) CITY OR TOWN (If outside corporate limits, write RURAL ond give negrest lown)
	d.	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A. STREET ADDRESS 6. IS RESIDENCE ON A FARM? YES NO 20:
100	-0	AME OF First BOLL Middle BEVARLE MANTH Day Year Specific OF The Death Specific DEATH STORY
407	. SE	A - 7 D 0 - 0 - / C/\ - 1
1	Oa.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. MRTHPLACE (Stole or foreign country) The most of workigo life, even if retired) The den to some statements of working life, even if retired)
1	3. 1	Surtis Beverlin Margaret V. Puffenburger
	5. Yes,	NAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Burtis Beverlin: Cumberland, Md.
,,		18. CAUSE OF DEATH [Enter only one cause partitle for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If ony, which gove rise to immediate couse DUE TO
	<u> </u>	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
2		PERFORMED? YES NO
	5	200. EXTERDIAL CAUSE WAS PRIMARY D or CONTRIBUTING D CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port of item 18.) GRIDARY D or CONTRIBUTING D August Leat Occupant, Call Left took
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY Home, form, 20f. (Bity or toyrn) (County) (Stole) A Hour o. m. 1960 of work of
		21. I certify that I took charge of the remains described above, held on Autopsy . Inspection Inquiry. and find that
		ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
		EXAMINER'S F. J. EDELEN DEPUTY MEDICAL EXAMINER 1-8-60
		BURIAL CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY PISONOVAL (Specify) Jan, 12 1960 His 984, M.E. Pisgah, Md.,
2	3.	uneral director's signature / ADDRESS 1240. REC'D BY REGISTRAR'S SIGNATURE Public Truncal Home Waldowy, Md Date 246. REGISTRAR'S SIGNATURE ON THE STANDARD OF

HTAT I 30 IT IS HIT ITS TEN MAIN I TOLON 100 SAR (V.) Margaret Charles 6782162 while -1 Non 3 1 45 14 Salem Westba 21-1A Student Enert's Bererlin Norganty Pashindage Those Electes Barooka Charles He Ho Acres 300 10 160 Paget At E 1829 26 1815 The of E Ten and Home Wald on Man certificate

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 nay be retained he haspital or attending physician. FUNERAL DIRECAL DIREC ined to hospital or attending physician.

DIRE R. After this certificate has been signed by the attending physician and campletely filled in by the detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shipriar to burial, cremation, ar removal, and in any event within 72 hours offer death.

	may be reta	TO FUNERAL	page 3 shar	the registrar
٧	S.	A15	(4 (\$5)

1, PLACE OF DEATH						140,	
charles	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Mary Lan	_	ed. If institution b. COUNTY	Charl		ion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata	c. LENGTH OF STAY IN 16	e. CITY OR TOWN (IF a	•	limits, write RL	JRAL and give	negrest fow	1)
d. NAME OF HOSPITAL (If not in hospito), give stree OR INSTITUTION	r address)	d. STREET ADDRESS				e. IS RESON A	IDENCE FARM? NO X
3. NAME OF DECEASED (Type or print) JOSEP14 F.	RAAK CO	OKSEY	4. DATE OF DEATH	JAN	-	4	Yeor 1960
5. SEX 6. COLOR OR RACE 7. MAI	_	B. DATE OF BIRTH March 14, 18	374	AGE (In years last birthday)	Months Do		ER 24 HRS. Min.
Oc. USUAL OCCUPATION (Give kind of work done lot during most of working life, even if retired) Horse Dealer	Retired	Washingto	on , D.C			N OF WHAT	COUNTRY?
13. FATHER'S NAME Peter Cooksev		Mary Peni					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes. no. or unknown) [It yes, give war or dates of service]		NFORMANT rs. Frank Shvi		Addr	es Esland	. Md.	
Canditions, if any, which gave rise to immediate couse (a), stating the under-lying couse last. Part II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT		10 VASC			PERFC	AUTOPSY DRMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II	af item 18.)		163	140
Haur a.m. While	6.	ACE OF INJURY (Home, form clary, street, affice bldg., etc.	n, 20f. (City or	tawn)	(Cou	nty)	(State)
20c. TIME OF INJURY Month, Day, Year 20d. While of we 21. I certify that I attended the decea alive an ATU 25., 18. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	e Not while for or work in the state of the	ACE OF INJURY (Home, form clary, street, affice bidg., etc., 1955, to accurred at 154	Jan 26	ne causes a	that I los	t saw the	deceased
21. I certify that I attended the deced alive an AM 25, 18 ACTUAL SIGNATURE PHYSICIAN'S	e Not while for or work in the state of the	n.D. Ly	M, from I ADDRESS (Street	he causes on the causes of the	that I las and an the state)	t saw the	deceased ed above. ATE SIGNED

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL PESIDENCE (Where decreased lived. If Institution: Residence before admission) a. COUNTY b. COUNTY Chamles O. STATE Many Trad MARYLAND b. CITY OR TOWN of outside corporate limits C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Waveite e. IS RESIDENCE d. NAME OF HOSPITAL OR UNSTITUTION (If not in hospital, give sylect oddress) d. STREET ADDRESS YES TO NO NAME OF Middle 4. DATE Month Day -DECEASED 10000 DEATH (Type or print) 9 AGE Hn years IFUNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED P NEVER MARRIED 8. DATE OF BIRTH Months Min. Days Hours WIDOWED 1 DIVORCED T yrs. 12. CITIZEN OF WHAT COUNTRY? 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or Joreign country) during most of working life, even if retired) Marvland Farmer .13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Unknown INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per line for (6), (b), and (c). PART I. DEATH WAS CAUSED BY: 30 IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate cause **DUE TO** (o), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED? YES 🗀 NO T 20g. EXTERNAL CAUSE WAS PRIMARY Der CONTRIBUTING DE CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (County) (Stote) 20f. (City or lown) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autapsy \(\pi\), Inspection 1 Inquiry , and find that death resulted from: Natural causes Accident Suicide . Hamicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER [7] NAME (Type) BUR.AL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETER 22d, LOCATION (City, toyen, or county) (Stote) 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR Cuthur & Fireus

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VS. A15ME(5)

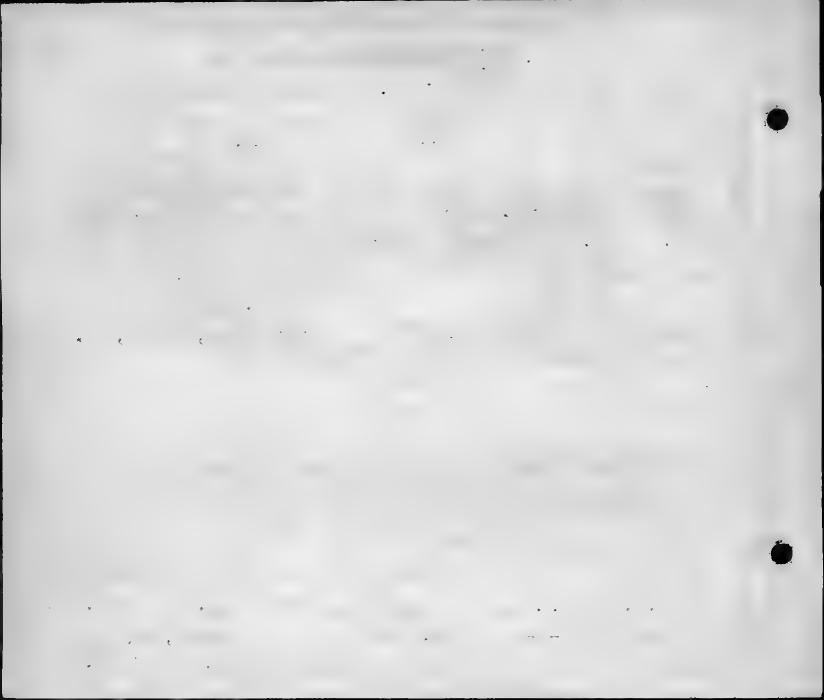
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	er daath. A	CERTIFICATE 0	OF DEATH (3/156.) Reg. Dist. No
وق		1. PLACE OF DEATH 2.	USUAL RESIDENCE (HOME) OF DECEASED
	y =	COUNTY Charles MARYLAND	STATE Md. COUNTY Charles
with	director, 18	CITY (If outside corporate limits, write RURAL OR and give nearest fown) TOWN Waldorf LENGTH OF STAY (in this place) X	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walderf
executed	ithin funeral d	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS
* #	istrar mi the fun	3. NAME OF (First) (Middle) (Last) (Type or Print) Catherine L. Hagens	4. DATE (Month) (Day) (Year) OF DEATH Jan. 24 1960 19
certificate	he ∎gii in by	5. SEX 6. COLOR OR RACE RACE (Specify Single, Marked, WIDOWED, DIVORCED, Specify Single) 8. Date of Birth WIDOWED, DIVORCED, Specify Single Way 14 1	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS
	ed with the y filled in permit.	done during most of working life, even if OR INDUSTRY	RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Prince Georges County USA
SZ S	<u>8</u> ≥ <u>8</u>		. MOTHER'S MAIDEN NAME
9 =	. 6 .	William Hagens	Mary H. Heard
STRUCTIONS requires that the death	intifica be in the property of	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS William Hagens, Waldorf, Md.
Z }	ath cer cian a	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATI	lo Phannonsa Belst 24 hes
i i	2	ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	2d 48 hes
R HOSPITAL	requires that the attending the attending detached for	IC) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
		196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
SICIAN O	The lay	OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	HERE DID INJURY OCCUR? (City or town) (County) (State)
rsic	7 5	21d. TIME OF INUURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while at work at work	OW DID INJURY OCCUR?
	has brifficate	alive on 123, 1960, and that death occurred at 2:3	9.57., to 12.23., 19.60., that I last saw the deceased 0.4M., from the causes and on the date stated above. ADDRESS (Street, city, town, state) DATE SIGNED
	FUNER/ Certificate death cert	V. M. SETON M.D. 23. BURIAL CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMA	Aquasco, yd. Jan. 25 1960 TORY LOCATION (City, town, or county) (State)
43	Certific Geath AISC 1-		Walder 24
5	NS YS	24. REC'D BY PEGISTRAR REGISTRAR'S SIGNATURE 25.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ALT Funeral Home, Walderf, Md.
		2:173 - x11	



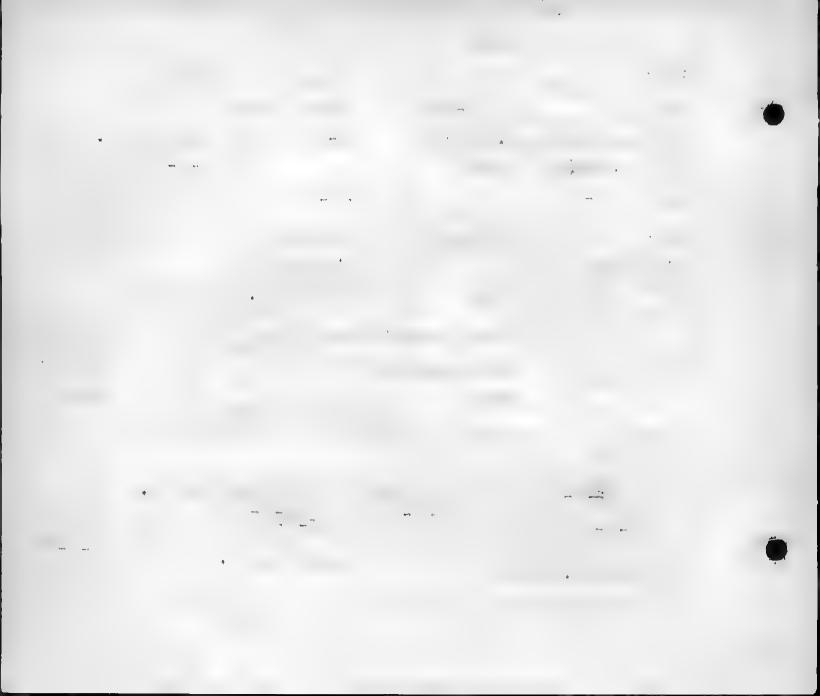
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1		0573 CERTIFIC	ATE OF DEATH	Reg	. Dist. No.
). PLACE OF DEATH o COUNTY Charles	MARYLAND	2. USUAL RESIDENCE (Who state Laryland	ere deceased lived. If institution, Res b, COUNTY Charles	sidence before admission)
	b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest lown)	write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	ulside corporate limits, write RURAL e	
	TaPlata 3d	S-Filtrs	X Indian Head	Mil .	e. IS RESIDENCE ON A FARM?
æ	Physicians Memorial L	aPlata Mi	40-Mattingly	Ave.Indian Head	MI YES NO G.
	3 NAME OF First DECEASED (Type or print) Thomas (dem	Middle	Hodges	4. DATE Month OF DEATH 1-24-00	Day Year
	5. SEX 6 COLOR OR RACE 7	MARRIED NEVER MARRIED	B DATE OF BIRTH	9. AGE (In years IF UN lost birthday) Man	IDER I YEAR IF UNDER 24 HRS
	A MARINE	IDOWED A DIVORCED	12-6-1871	88 yn	ths Days Hours Min.
	10a USUAL OCCUPATION (Give kind of work dor during most of working life, even if retired)	106 KIND OF BUSINESS OR INDE	JSTRY 11. BIRTHPLACE (Stote of		CITIZEN OF WHAT COUNTRY
	Sheet Mata Worker	Neval Powder Pl	ANT MATYLAND		USA
	Thomas Oden Hodges		Miss Clage		
1	15 WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no. or unknown) (If yes, give war or dates of serv)	ce) l	informant Thomas Oden Hoo	Address Iges Jr. (Son)	
	157× DUE TO	Congestive Heart	Fallure		INTERVAL BETWEEN ONSET AND DEATH 12—IN UT 8
	Conditions, if any, which gave rise to immediate couse (a), stoling the <u>under-lying couse lost.</u> (b) DUE TO Lying couse lost.	Malmutrition Carcinoma of The	rencreas .		4-Mths.
0	PANT 11. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN	PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO K
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TO DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in P	ort I or Part II of Item 18)	
	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19	20d. INJURY OCCURRED 20e Pi	IACE OF INJURY (Home, form, sclory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	ACTUAL OF S	deceased from 1943-40	accurred at FM	M, fram the causes and a	it I last saw the deceased in the date stated above
1	PHYSICIAN'S JAMES E. Andre	W8	, M D	J. V. C. C.	mel
*	229 BURIAL CREMATION, 226. DATE THEREOF	22c NAME OF CEMETERY O	Carchematory Carch	22d. LOCATION (City, town, or cour	ay Med
*, '	23. FUNERAL DIRECTOR'S SIGNATURE	La / Class	249. REC'D DATE FE	B 2 160 Cultury	S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained the hospital or ottending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar removal, and in any event within 72 hour offer death. VS A15 (4) 15M 9/55

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 shauld be crematian Rea, Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY 9. STATE b. COUNTY MARYLAND & LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDIESS a. IS RES DENCE ON A FARM? YES NO 3. NAME OF Middle 4 DATE Month Day DECEASED OF DEATH (Type or print) MCLAIR 19/-P. AGE (In years 5. SEX 7. MARRIED NEVER MARRIED 2 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. lest birthday) Months WIDOWED DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) (N e ADMIEV ULBNI 5 may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages FORCES? 16. SOCIAL SECURITY NO. INFORMANI Address LE CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse **DUE TO** (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(0) 39, WAS AUTOPSY ő PERFORMED? 0 YES 🗍 NO P 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part 1) of item 18.) 20g EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING TO 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stale) factory, street, affice bldg., etc.) Not while . 10 p.m. 1950 at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection I Inquiry I and find that death resulted from: Natural causes , Accident . Suicide , Hamicide , Undetermined cause DIRECT DATE SIGNED ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 0 forwarded to ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER [220, BURIAL, CREMATION, 226, DATE THEREOF 22dg LOCATION (City, town, or county) 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATU VS. A15ME(5) DATE JAN 2 8 '60 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TRACE

ADDRESS

240. REC'D BY REGISTRAR

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24b. REGISTRAR'S SIGNATURE must be march

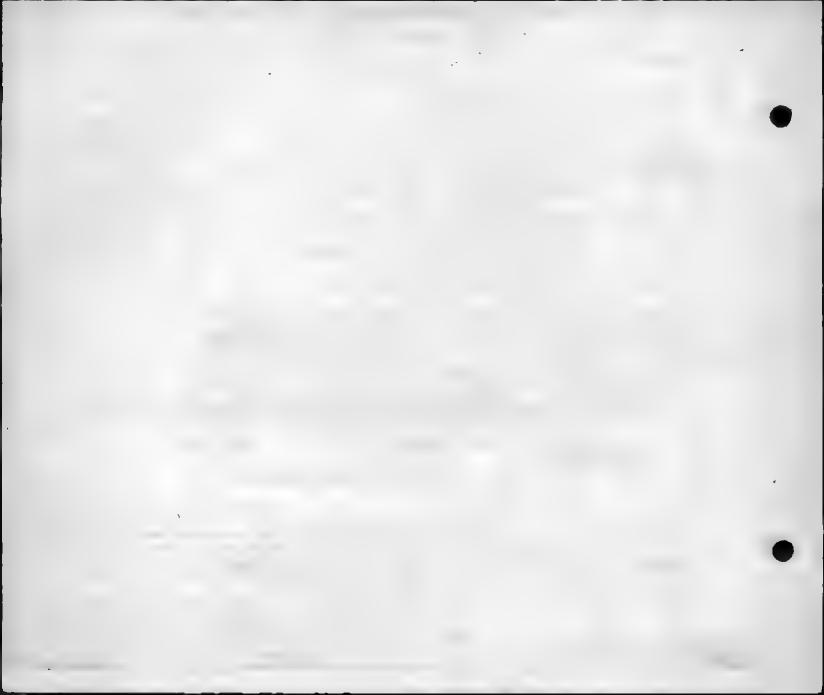
BURIAL

FUNERAL DIRECTOR'S SIGNATURE

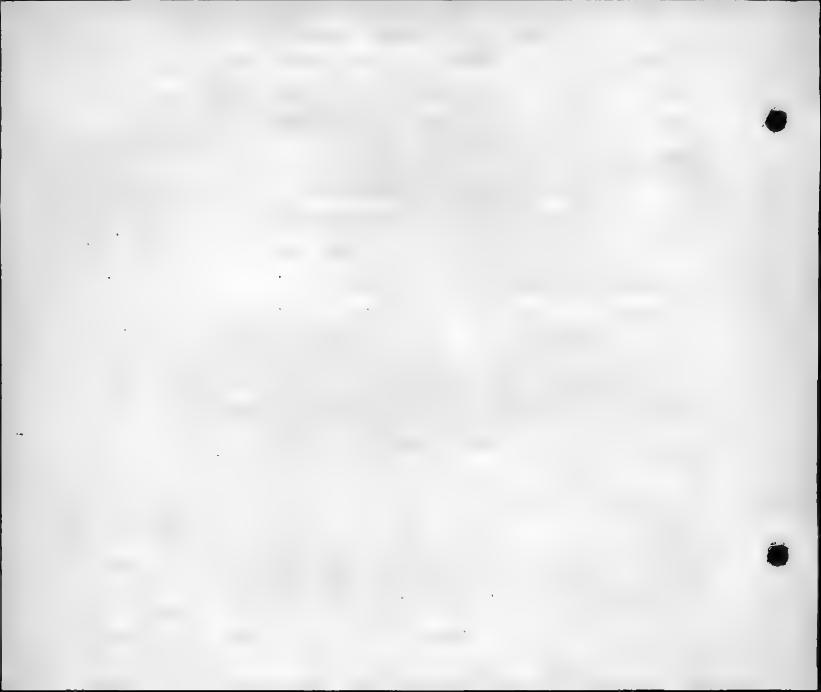
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a d					Ironsides			X	Ironsi	ides (R	ural)		
direct les prior	,	×	d	. NAME OF HOSPITA	AL OR INSTITUTION (I	If not in hospital,	give street address)	d. S	TREET ADDRESS				e. IS RES DENCE ON A FARM? YES NO O
atran				NAME OF DECEASED	Fin	at .	Middle	/.	Lost	4 DATE OF DEATH	Month	Day	Year
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2 of 5.	7)	13.	FATHER'S NAME	A. 01				THER'S MAIDEN	. 4	*4	04541	•
20 G				Agustu	A. Keys	5			Alice V.	Keys			
90.00			15. (Yes.	WAS DECEASED EVI	ER IN U. S. ARMED FOI	RCES? 16. SOCI		INFORMA			Address		
				To		You		ir. Ag	justus A.	. Keys ,	-Mhajea	oy , Lar	yland
rm PM: permit.				PART I. DEAT	TH [Enter only one cau TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	1 4	acting	de	Mino	Cap fu	se of me	INTERVIONSET	AL BETWEEN AND DEATH
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ni in Wild ort-te		V		Conditions, if as			Redo a	tte	down				16-60
Jones				(a), stating the u	onderlying DUE TO								
.5 0 g			z	PART II. OTH	J (c). IER SIGNIFICANT CON	DITIONS CONTR	BUTING TO DEATH BUT	NOT RELA	TED TO THE TERM	INAL DISEASE C	OND TION GIVEN	I INI PART I/ol 19	WAS ALITORSY
6 O 5		0	ATION	The fit of the		<u> </u>		THE RESE	ILD TO THE FERM	MANEDISENSE C	OND TON GIVE		PERFORMED?
er's a us		-	E SE	200 EXTERNAL CAU	JSE WAS 20	b. DESCRIBE HOY	W INJURY OCCURRED.	(Enter nate	re of injury in Pa	rt Lor Part II of i	18.)	10	3 [] NO B
d in the			CERTIFI	200 EXTERNAL CAU PRIMARY 01 CON CAUSE OF DEATH.	NTRIBUTING []	Orwer	of acto	u	Kick! E	1-11 44	o Koa	P-1-1	16-60
Shot.		4	\ <u>\$</u>	20c. TIME OF INJUR	RY Month, Day, Yes	7 20d. INJUI	Not white 2 fo	ACE OF IN	UURY (Home, form t, office bldg., etc	nd 20f. (Cibyor	town)	(County)	(State)
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M. Me				_	at I took charge	_				iy 🔲, Insye	ection 🚛	Inquiry [],	and find that
3.80				death resulted	frem Valural	causes [,	Accident A, S	vicide _], 'Homicide	e 🔲, Unde	etermined ca	use 🔲.	
				ACTUAL SIGNATURE	5 Nod	clem	/	MD C	HIEF MEDICAL E	XAMINER 🗔			DATE SIGNED
なるない				7.	17			M.D.	SSISTANT MEDIC	-	3		
warde UNER		2	220	EXAMINER'S NAME (Type) BURIAL CREMATION	N. 22b. DATE THEREO	J. +3	DELEN NAME OF CEMETERY O		DEPUTY MEDICAL			1-1	6-60
2000				REMOVAL (Specify)					* .		N (Gity, town, or		(Stote)
<u> </u>]	FUNERAL DIRECTOR	S SIGNATURE	10.1	ADDRESS	. 3 1 30	04- 050	D DM DCOLCODAR	245. REGISTR	<u>Jary land</u> PAR'S SIGNATURE	
S. AISME(S) SM 9/55	7.			APDHINE F	U ERAL HOU	*	LA PLATA	, Im	DATEJA	M 2 2 '60	Cirth	us S. Frank	
			-						<u> </u>				



The same of the sa		0.5	CERTIFICA	ATE OF DEATH		() () [Reg. Dist. No.
Ì 1.	PLACE OF DEATH			2 USUAL RESIDENCE (Where o		n Residence before admission
/ -	Char		MARYLAND	o. SIATE Marylan	Q.	Charles
	b. CITY OR TOWN (If our RURAL and give negres	La Plata	to c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	e corporate limits, write RU 1 Alton	KAL and give nearest town)
Çes	d. NAME OF HOSPITAL (PRIVATORINE	of in hospital, give str		d. STREET ADDRESS		e. IS RESTE ON A YES
3	NAME OF DECEASED (Type or print)	First WARV	Lau Middle M	CLAVOHLIN 4.	DATE Month OF DEATH / AA /	
	sex Female 6.	1.5	IARRIED NEVER MARRIED I	8. DATE OF BIRTH 19-196	. lost birthday)	Months Days Hours
10	o USUAL OCCUPATION (during most of working Infa:	life, even if retired)	106. KIND OF BUSINESS OR INDU	TRY 11. BIRTHPLACE (Stote or for Marylane		12. CITIZEN OF WHAT OUSA
13	FATHER'S NAME		110110	14. MOTHER'S MAIDEN NAME	-	UDA
	Willi	em Joseph Mo	CLaughlin e	Lala Elanch	e Morgan	
15 (*	en, no. es unknown) {If ye	U. S. ARMED FORCES?		NFORMANT	Addre	25
	no			Mrs. Wm. J. McL	aughlin, Bel	
			er line far (0), (b), and (c)]	44		INTERVAL BET
	at a	WAS CAUSED BY MEDIATE CAUSE (a)	Truco	morria		120
	765.0	DUE TO	,			
	Conditions, if any,					
	cause (a), stating the					
CATION		SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVE	PERFO
		NIDCALVING ET 1201	DESCRIBE HOW INJURY OCCURRE	S. (Page 1 and 1 and 1 and 1 and 1	Law Root II of Jam. 18 t	YES [
	200. ACCIDENT WAS UPOR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEATH DICAL EXAMINER)	DESCRIBE HOW INSURT OCCURRE	J. (Enter nature of Injuly in Fall	(() (() () () () () () () () () ()	
Ü	20c. TIME OF INJURY		d. INJURY OCCURRED 20e. PL		Of (City or town)	(County)
DICAL CE	rigur a. m.		hile Notwhile fo	ACE OF INJURY (Home, form, 2) stary, street, office bldg., etc.)		
MEDICAL CE	Hour a.m.		work of work	ACE OF INJURY (Home, form. 2): stary, street, office bldg., etc.)		
MEDICAL CE			wark at wark are eased from 6 = P11.	tary, street, office bldg., etc.)	Jate 1960	that I last saw the
MEDICAL CE		19 of	wark at wark are eased from 6 = P11.	thery, street, office bldg., etc.) 19,60, ta 2 (accurred at 1,414, N	, fram the causes ar	nd on the date state
MEDICAL CE	21. I certify that alive an VA	19 of	wark at wark are eased from 6 = P11.	thery, street, office bldg., etc.) 19,60, ta 2 (accurred at 1,414, N		nd on the date state
MEDICAL CE	21. I certify that	19 of	wark at wark are eased from 6 = P11.	thery, street, office bldg., etc.) 19,60, ta 2 (accurred at 1,414, N	, fram the causes ar	nd on the date state
MEDICAL CE	21. I certify that alive an VA	19 of	wark at wark are eased from 6 = P11.	tory, street, office bldg., etc.) 19,60, ta 2 (accurred at 1,414, N	, fram the causes ar	nd on the date state
1	21. I certify that alive an VA	19 of	wark at wark are eased from 6 = P11.	accurred at 1 41 A N	RESS (Street, city ar town, s	19°1 /-2



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 78 CERTIFICATE OF DEATH Rea, Dist. No. director, PLACE OF DEATH. 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Rt.1 Bex 145. b. CODYYX TO BE Indian b. CITY OR TOWN (if outside corporate limits, write E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) و RURAL and give neorest town? Indian Head Rural Rural - Indian Head B mos. d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES NO X 4. DATE OF DEATH NAME OF First Middle Month Doy Yeor DECEASED EDWARE (Type or print) 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX AGE (In years IF UNDER/LYFAR IF UNDER 24 HRS 8. DATE OF BIRTH Months " Days MATIE NEGRO WIDOWED DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ISA Virginia. Clergy Minister pup 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret Warren Frederick Newman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Margaret Warren 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUF TO couse (a), stoling the underlying couse last. **burial-transit** PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES I NO 国 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER MODIFY MEDICAL EXAMINES): 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) certificate MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) 20d. INJURY OCCURPED (County) (Stote) factory, street, office bldg , etc.) While Not while at work ot work 1960that I last saw the deceased 21. I cortify that Vattended the deceased from oched and that death accurred at A 101 M. Fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE DIRE 20 3 shoul may be retar PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Burdal 10 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR | 246 REGISTRAR'S SIGNATURE Comma & Through 1432 You St., N. WDATE FEB 3 VS A15 (4) Ernest Jarvis Co.. inc. 15M 9/55

Poge death. that



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TO HOSPITAL OF Extensions of the contending physicion.

May be retained the haspital or otherwise and the contending physicion and completely filled in by the contending physicion and completely filled in by the contending the contending physicion and completely filled in by the contending the contending page 3 should be detached for use as the burial-transit permit. Then please remove Torban pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 fours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 VS A15 (4) 15M 9/55

		0580) (ERTIFIC	ATE OF DEAT	TH		Reg. Dist.		UD C
I. PLACE OF DEAT o. COUNTY	TH			MARYLAND	2 USUAL RESIDENCE (V Q. STATE Marcy, Land	Where deceased	b. COUNTY	on: Residence	before admi	ision)
RURAL and g	WN (If outside corporate li ive neorest town) Head	mits, write	c LENGTH	OF STAY IN 16	c. CITY OR TOWN (I		ote limits, write Ri	URAL and giv	re nearest tow	n}
	OSPITAL (If not in hospital	give street o			d STREET ADDRESS	3611 112			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Ruzene	iisi Ked t	h	Middle Roby	Lost	4. DATE OF DEATH	Mon I mlank	th 3	Day	Year 19
5. SEX Male	6. COLOR OR RAC	7 MARR	IED NEVE	R MARRIED DIVORCED	8. DATE OF BIRTH 9-11-1868		9. AGE (In years lost birthday)		YEAR IF UNE lays Hours	-
10a. USUAL OCCU during most of Pattness	PATION (Give kind of wor f working life even if retire	ed)	KIND OF BU		STRY 11. BIRTHPLACE (Sto		untry)	12 CITIZ	EN OF WHA	COUNTR
13. FATHER'S NAM					14. MOTHER'S MAIDEN		K			
15. WAS DECEASE	DEVER IN U. S. ARMED FO	d service)	SOCIAL SECU		NFORMANT Sister-Tours	Roby (Addr Jones	eu		
PART I.	F DEATH [Enter only one . DEATH WAS CAUSED BY IMMEDIATE CAUSE	(o) COT		ond (c).]	.ge			The sales of the s	INTERVAL BONSET AND	HTA3D D
Conditions,	if any, which)	(b) Hyp	erten	10n					Inde	finit
lying couse	ning the under-	(c) Obes	nity						Indef	inite
ZATION TO THE STATE OF THE STAT	No	120	ONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE	CONDITION GIV	EN IN PART 1	PERF	AUTOPSY ORMED? NO 1
	IT WAS UNDERLYING [] ITING [] CAUSE OF DEAT OTIFY MEDICAL EXAMINER	20b DESC	CRIBE HOW I	NJURY OCCURRE	D (Enter noture of injury i	in Port I or Port	II of item 18)			
Hour o	NJURY Month, Day, 1 1. m. 15. m.	While	NJURY OCCU	ite fo	ACE OF INJURY (Home, fo ctory, street, office bldg., o		or lown)	(Co	unty)	(Slote)
21. I certif	y that I attended th	e decease	ed fram, 1	-1-52	, 19, ta	1-4-60	19	.,that I la	st saw the	decease
	7_1_6(1)	19	. ar	nd that death	accurred at 11cm	PM, fram	the causes a	nd an the	date stat	ed abav
actual	/a Q		eda		A 17-Potos		eet, city or town, Indian			
alive an	Ja D	rews:	eda		A 17-Poto					
PHYSICIAN'S NAME (Type) 220. SURIAL SEM	Jal			of CEMETERY C	OR CREMATORY	BRC AVE.		lead M		te)



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IO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If ony delay is necessary, please exe-	cute the certifier writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director Page 4 should be	forwarded to i of Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.	OFUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, aremation,	
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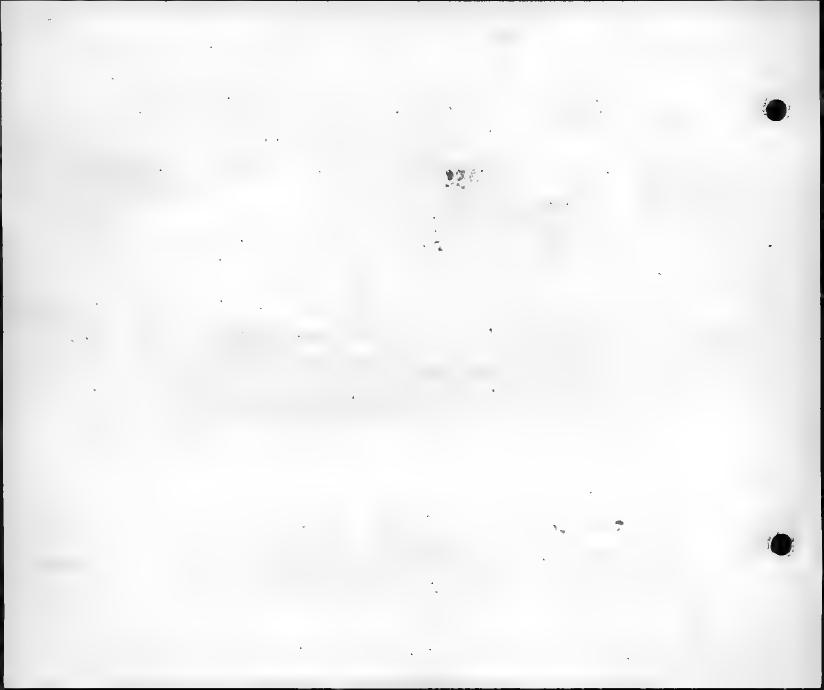
VS. A15ME(5) 5M 9/55

		MAKILAND SIAIE DEPAKIME	INI OF REALIR—BA	LIIMOKE, 18	
)	0581MEDICAL EXAMINER'S	S CERTIFICATE OF	DEATH	() (157.) teg. Dist. No.
	9	LACE OF DEATH COUNTY MARYLAND	2. USUAL RESIDENCE (Where decode on STATE // 1/14)	sed lived. If institutions b. COUNTY	Residence before admission)
	<u>ا</u>	CITY OF TOWN (I) suyfield corporate limits, write BURAL c. LENGTH OF STAY IN 16	c, CITY OR TOWN IT gerside cor	porale limits, write RUR	(AL and give nearest town)
		NAME OF MOSPITAL OR INSTITUTION (19 not in haspital, gave street oddress)	d. STREET ADDRESS		IS RESIDENCE ON A FARM? YES NOX
		IAME OF FIRST FIRST Middle Secretary Of First MCC C 1 C K S	Lent A. DATE OF DEATH	Month	22 1960
	5. S	Mall white WIDOWED DIVORCED I	. DATE OF BIRTH (Unichowild)04	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	UNDER TYEAR IF UNDER 24 HRS. Onths Days Hours Min.
)		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST Tring most of working life, even if retired) Much Filler Lee Co.	RY 11. BIRTHPLACE (Stote or foreign of Unknown	country)	2. CITIZEN OF WHAT COUNTRY?
/		FATHER'S NAME "Jinknown	Unknown		
	(Yes,	no, or enknown) (If yes, give wor or dotes of service)	NFORMANT Caarles County She	Address rrif's Offi	ne -Li Plata Md.
		1B. CAUSE OF DEATH (Enter only one cause per line for (b), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Watherer		INTERVAL BETWEEN ONSET AND DEATH - L 1 6
		Canditions, if ony, which gove rise to immediate cause (a), stating the underlying DUE TO	3-54-5-		
2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN I	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	20g. EXTERNAL CAUSE WAS PRIMARY 0 CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	nter nature of injury in Port I ar Port II	of item 18.)	100 100 100
	MEDICAL		CE OF INJURY (Home, form, 20f. (City ary street, affice bldg., etc.)	y or town)	(County) (State)
		21. I certify that I took charge of the remains described abodeath resulted from. Natural couses Accident, Suit		nspection 🛃 ; 🔝	nquiry [2], fond find that
		ACTUAL	_M.D. CHIEF MEDICAL EXAMINER	3	DATE SIGNED
9		EXAMINER'S F. E. 1.1.1	ASSISTANT MEDICAL EXAMINER (1-14 6
6	/_	EURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	est to	TION (City, tayli, or co	a les
	23. (Chart fore application	OATE FEB 2		R'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



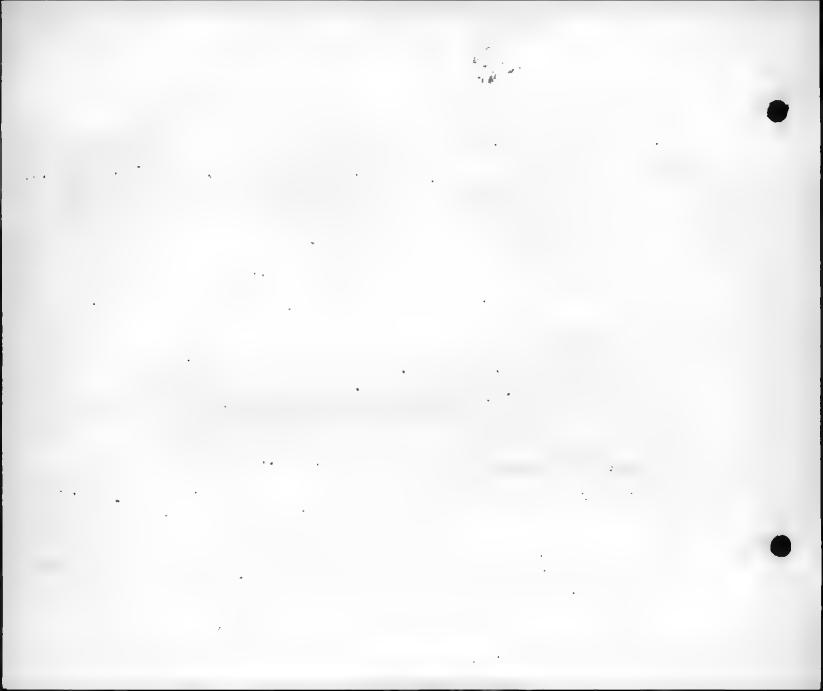
VS AIS (4) 15M 9/S0

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 0583

CERTIFICATE OF DEATH

0058% Reg. Dist. No.

Ì	1, PLACE OF DEATH a. COUNTY	-7	٠	MARY	LAND	2, USUAL RESIDENCE (V		b. COUNTY		are odmissian)
	b. CITY OR TOWN (If	rics autside carporate limit	s, write c. L	ENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF			Charles URAL and give ne	arest tawn)
	RURAL and give ne Lea Pla	-								·
		AL (If nat in haspital, g	ive street addre	ess)		A. STREET ADDRÉSS		.		e IS RESIDENCE ON A FARM?
		Memorial H	lospital	1						YES NO G
	3. NAME OF DECEASED (Type ar print)	Fin Emma	st	Middle I .		Th oma s	4. DATE OF DEATH	JANG	HAKY	5 1960
	S SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 🔲 🖟	DATE OF BIRTH		9 AGE (In years last birthday)		IF UNDER 24 HRS
	Female	White	MIDOMED [DIVORCE		Antil 20 . 1	887	72 yrs.	Months Days	Hours Min.
	100 USUAL OCCUPATIO	N (Give kind of work o	lone 10b. KIND	OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (Stat	e ar fareign co	untry)	12 CITIZEN O	F WHAT COUNTRY?
N	House Wi			Home		Nanjemoy	. Maryl	and	U.S.A	4
4	13. FATHER'S NAME		•			14. MOTHER'S MAIDEN	NAME			
	Thomas	Highfield				Atha Gro	ves			
	15. WAS DECEASED EVER	IN U. S. ARMED FOR		AL SECURITY NO	115	IFORMANT		Addi	ress	
	No		No	1		s. Florence	Davis ,	Nanjem	oy , Mar	yland
		TH [Enter anly one car	- 100	r (a), (b), and (c).	k-,	· 1/2 -+	7.1		INT	ERVAL BETWEEN SET AND DEATH
	PARI I, DEAI	TH WAS CAUSED BY IMMEDIATE CAUSE (a)	Ron	egente	unt	read .	Jack	use -		36 ters
	4. 11	DUE TO	01 -	F W.		1 . 1	1 1.	-	·	21 ×
	Canditions, if an		alcu	CE IM	1000	audia y	enfil	re tub	2	201000
	cause (a), stating t		Hyps	citizen	ا حدد	Vitorinac	Point	Heart	Dispria	· URA.
		FR SIGNIFICANT CON	DITIONS ONT	PIRITING TO DE	ATH BUT	NOT RELATED TO THE TER	MINA: DISEASE	CONSITION G.V	(EN IN PART I/a)	19 WALAUTOPSY
	PANT II OTH	TU							1	PERFORMED? YES NO P
	E 20g ACCIDENT WA	S UNDERLYING	20b. DESCRIBE	HOW INJURY O	CCU <u>rr</u> ed). (Enter nature a <u>f ini</u> ury is	n Part I ar Port	II of item 18)		100 100
		CAUSE OF DEATH	lent		5	rontar	reor	2		
	20c. TIME OF INJURY	Month, Day, Yea	20d. INJUR	Y OCCURRED	20e PLA fac	CE OF INJURY (Hame, fai tary, Weet, affice Mag e	rm, 20f. (City	or tawn)	(County)	(State)
	7:30pm	1-4- 108	All wark	Nat while at work		Home	na	usence	y clu	ulos, hed
	21. I certify the	at I attended the	deceased f	ram	2/	, 19 <u>.5 9</u> , ta	1-5	1960	mat I last sa	w the deceased
	alive an	7-5	1960	, and that	death	accurred at 125	_M, fram	the causes an	d an the date	e stated abave.
	_	7/ B A.	#	_		RI	ADDRESS (SI	eet, city or lawn,	state)	DATE SIGNED
Л	ACTUAL SIGNATURE	1) 60 176	(16)		/	1.D. 1004	27/			5-60
	PHYSICIAN'S NAME (Type)	V.B.DE	TTO	OR		La J	lata	, hid		
	22a BUR AL, CREMAT OF	N, 22b. DATE THEREO	F 220	NAME OF CEME	ETERY OF	CREMATORY	22d LOCAT	ION (City, town,	or county)	(State)
	REMOVAL (Specify) Burial	1/8/1960		Nanjemov	Bapt	tist Cemeter	y Nant	emoy , M	aryland	
	23 FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			GD BY REGIST	RAR 24b. REGI	STRAR'S SIGNATU	
	Archart Fur	neral Home	. Inc.	. La Pla	ata .	Marvla PATE	enii A 7 !		rthur S. Hr	Atta



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Second Plant Plant

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necess execute the cert.

Execute the cert.

**A should be for the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to the TO FUNERAL DIRECTOR: Page 3 should be used as a bariol-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to bariol, cremation, or removal, and in any great within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00582

		7 1 1	11.42)0	2-7-00	e u			Keg. Dist.	No.	
PLACE OF DEATH	03	754			IDENCE (Where o	leceased lived.	If institut o	n Residence	before adv	n ssion)
6 COUNT	Charles		MARYLAND	o. STATE	Md.	b	COUNTY	Chas.		
b. CITY OR TOWN (M auticle corporate limits, write RURAs	c LENGTH C	DE STAY IN 16	c. CITY OR	TOWN (If outside	e corporate in	its, write RU	RAL and giv	e negrest l	own)
	enidect	11	fe	×	Be	enidect				
d NAME OF HOSPI	TAL OR INSTITUTION (IF not i	n hospital, give stree	rt address)	d/STREET						RESID 14 18
				/						I A FARM?
3. NAME OF	First	M.	iddie	Losi			Month	D	OY	Year
OECEASED (Type or print)	Fredrick	Arthur Th	ones		Of DE.			1960	•	19
5. SEX	6 COLOR OR RACE 7- M			. DATE OF BIRTH	1	9 AGE	la years	UNDER TYE		DFR 24 H8
M				Nov. 16	the set on the	57	6 Gyrs M	onths Doys	Hours	Mín.
10a, USUAL OCCUPAT	ION (Give kind of work done 1	OH KIND OF BUSIN	IESS OR INDUST	RY 11, BIRTHPL	ACE (State or fore			12 CITIZEN	OF WHAT	L COUNTR
during most of worki	ing life, even if retired)	able to	monk	Ma	rvland			109/		
13. FATHER'S NAME	3101	ante ca	MOLK		MAIDEN NAME					
James	E. Themas				Duckett					
	VER IN U. 5 ARMED FORCES?	16. SOCIAL SECUR	ITY NO. 17. #	NFORMANT	Dacker		Address			
[Yes, no, or unknown]	(If yes, give war or dates of service)				ombine Dr	Lope		St. 1		
yes		19		Ta. 108	ephine P	Inderr'	Washi	ngten,		
	ATH [Enter only one couse per ATH WAS CAUSED BY:	I ne for (0), (b), one	(6)	1		, .		0	NERVAL BETW	PATH /
PART I. DEA	IMMEDIATE CAUSE (6)	xerel	100	11-	uca	: du	2	/	<u> - [:</u>	-60
- * * * *	OUE TO	1	/		*				つ	
Conditions, if		- 11	under	et in	e zon					
gave rise to imme (a), stating the			///						1	
couse lost.	(c)	/								
Z PART II. OT	HER SIGNIFICANT CONDITION	IS CONTRIBUTING	O DEATH BUT N	OT RELATED TO	THE TERMINALD	SEASE CONDI	ION GIVEN	IN PART I(o	1 19. WAS	AUTOP5Y
Š									YES T	ORMED?
200. EXTERNAL CA	LUSE WAS 20b DES	CRIBE HOW INJURY	OCCURRED. (E	inter nature of in	jury in Part I or P	art It of item 1	1.)		1 0	
PART II. OT	ONTRIBUTING						•••			
3 20c. TIME OF INJU	JRY Month, Day, Year	20d INJURY OCCUR	RED 20e. PLAC	CE OF INJURY II	Home, Form, 1201.	(City or town)		(County)		(State)
20c. TIME OF INJU		While Not whi	ilefocts	ory, street, office	bldg., etc.)	(40.7		(444.117)		(0.0.1
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	that I soak charge af t	_	_	ve, held on	Autopsy [_],	, Inspectio	ın 🔲,	Inquiry L	i or	nd in my
opin'on death	restilted from: Matu	al causes	Accident [, Suicidi	e 🔲, Hami	cide 🔲, 🦠	Jndeterm	ined man	ner 🔲	
	1 X1 - 0	-							DATE	SIGNED
ACTUAL SIGNATURE	100a	elen		_M.D. CHIEF M	EDICAL EXAMINE	er 🔲			DATE	SIGNED
EXAMINER'S				A5SISTA	NT MEDICAL EXA	MINER 🔲		Jan. 8	3 1960	0
	. J. Edelen MI)		DEPUTY	MEDICAL EXAMI	NE# 🔲				
220 BUR AL, CREMATH REMOVAL (Specify	ON, 226. DATE THEREOF	22c. NAME OF	CEMETERY OR	CREMATORY	22d I	OCATION (Cit	r, town, or c	ounly)	(Sie	te)
Rumi ad	1/12/1960	Arline	ton Cem	etery	A	rlingto	n. Ve	l.		
23. FUNERAL DIRELTO		ADDRESS			240 REC'D BY RE	EGISTRAR 2	b. REGISTRA	AR'S SIGNAT		-
W. Efne:	st sarvis co.,	The. 14	32 You S	it., N.W	DATE JAN 1 3	'60	Chilhu	1 L. Tha	AA	

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be crematian Reg. Dist. No. PLACE OF DEATH (Where deceased lived. If institution, Residence before admission) a. COUNTY g. STATE b. COUNTY MARYLAND 980 b. CITY OR TOWN (If outs de corporate fimits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . IS RESIDENCE /d. STREET ADDRESS prior ON A FARM? YES XI NO I 4. DATE OF DEATH 3. NAME OF Month Day Year. DECEASED (Type or print) 19(50 5. SEX -6. COLOR OR RACE 7. MARRIED 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. NEVER MARRIED 8. DATE OF BIRTH 2 with the Min. Months Doys Haurs WIDOWED [DIVORCED [100, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? and e Q. usemil 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Pages 15. WAS DECEASED EVER IN L. S. ARMED FORCES? 146. SOCIAL SECURITY NO. 17. INFORMANT Address Give 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: you sheep IMMEDIATE CAUSE (a) alang with far burial-transit **DUE TO** Conditions, if ony, which pencil gave rite to immediate cause DUE TO (a), stating the underlying equie lost. 0 Office PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALD SEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY 10 PERFORMED? NO F Al Clary 200. EXTERNAL CAUSE WAS 205 DESCRIBE HOW INJURY OCCURRED. (Enter natural of injury in Part | or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. shauld 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) fectory, street, office bidg., etc.) Hour While Not while e. m. (C) p. m. at wark at work 21. I certify that I tack charge of the remains described above, held an Autapsy []. Inspection . Inquiry and find that ta t nief ! death resulted from: Natural causes ... Accident . Suicide | | Hamicide | Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE forwarded to FUNERAL ASSISTANT MEDICAL EXAMINER removal **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22g. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY 22d_LOCATION (City, towngor county) (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. ATSME(5) DATEJAN 26 '60 arthur & Thomas 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

or Files. Aecessary, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is need please execute the certificate, writing the word "pending" in period is few 18. Give Pages 1, 2, and 3 to the funeralizing 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for the X and 2 hours and 2 hours a should be used as a burial-transit permit. File pages 1 and 2 with the State Board on its designated egent, prior to burial, cremation, or removal, and in any event within 2 hours after death.

FOR STATE HEALTH DEPT.

59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 196 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLACE OF DEAT	Н			2. USUAL RESID	ENCE (Where dec			ence before edmission
e. COUNTY	Charles		MARYLAND .	B. STATE M	aryland	b. cou	YTY	
	(if outside corporete timit d give neerest town)	s, c. LEP	NGTH OF STAY IN 16		N (If oulside corpor	ele limits, writ	e RURAL and give	re neerest town)
d. NAME OF HOSP	ITAL OR INSTITUTION (not in hospital, gi	ve street address)	d. STREET ADDRE	22			I a. IS RESIDENC
	Plant, Pote							ON A FARM YES NO
NAME OF DECEASED	First		Middle	Last	4. DATE OU	md Mont	h De	y Yeer
(Type or print)		UNK	NOWN		DEATH		uary 27	1960
. SEX.	6. COLOR OR RACE	7. MARRIED IN	EVER MARRIED 1 8.	DATE OF BIRTH	19.	AGE (In years	IF UNDER TYEAR	R IF UNDER 24 HRS
Male	White	WIDOWED	DIVORCED			lest birthday)	Months Days	Newborn Min.
	TION (Give kind of work		BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (SI	ete or foreign coun		I 12. CITIZEN	OF WHAT COUNTRY
	orking life, even if retired							
a resultate estable					W			
3. FATHER'S NAME				14. MOTHER'S MAID				
Uı	nknown			Unkn	OWN			
	YER IN U.S. ARMED FOR (If yes give wer or detes of se		L SECURITY NO. 17. I	NFORMANT		Addres	5	
les, no, or unkowill	(It has it has man on de layoun	(A1CB)						
1 18. CAUSE OF	DEATH [Enter only one	cause per line for I	(e), (b), end (c),1				1.0	NTERVAL BETWEEN
	TH WAS CAUSED BY:							ONSET AND DEATH
021	IMMEDIATE CAUSE (a)_		fracture wi			orrhag	e, with	
1 1 16.	DUE TO	hemor	rhage in so	ft tissues	of neck			
Conditions, if en	y, which 7 (b)		- C					
gave rise to immed	fiele couse							~ ~
(a), stating the	underlying DUE TO							
cause lest.) (c)_	TO LES CONTROLLE	NIA TO BEATH BUT NA	7 API / TPN TO THE TPN	WINDLE BIFFAFF	Shipition Lau		
PART II. OTHE	ER SIGNIFICANT CONDIT	IONS CONTRIBUTI	ING TO DEATH BUT NO	I KELATED TO THE TEN	MINAL DISEASE CI	ONDITION GI	FEN IN PAKE I(e)	PERFORMED?
								YES NO
20a. EXTERNAL C	AUSE WAS 21	b. DESCRIBE HOY	W INJURY OCCURED. (E	nter nature of Injury In	Perl I or Perl II of it	tem 18.)		
PRIMARY or Co	ONTRIBUTING []	Rlo	w on head					
20c. TIME OF INJ	URY Month, Day, Yee		OCCURRED, 200. PLA	CF OF INJURY (Home.	form, ; 20f. (City of	or town)	(County)	(State)
Hour a.m.			of While fector	ory, streat, office bldg.,		0. 1044.17		
p.m.	Unknown	et work	novi Found	on dump			Charles	Md.
21. I certify !	that I took charge o	f the remains d	described above, he	ld an Autopsy 🗶	. Inspection	. Inqui	гу 🔲, ап	d in my opinion
death resulted	from: Natural ca	uses , Ac	cident . Suici	de , Homicie	de 😿 Und	etermined r	nanner	
					AL EXAMINER			
ACTUAL		INTO	Cuy		-	াকন		DATE SIGNED
MIGNATURE		000		M.D. ASSISTANT	MEDICAL EXAMINES	K 124		DATE BIGNED
EXAMINER'S	_				CAL EXAMINER			1/28/60
NAME (Type)		adley Kin	g, Jr., M.I		et, city, lown, or co			2/ 20/ 00
20. BURIAL, CREMATI	ON, 226. DATE THERE	OF 22c. N	NAME OF CEMETERY OR		22d. LOCATIO	ON City, town	, or country)	(Steta)
REMOVAL (Specif	TE JANIA	9 1	MAD 9 1	2	700	FIF1	=/	91
3. FUNERAL DIRECTO	OR	Al	DDRESS C	240.	REC'D BY REGISTRA	AR 246. REC	STRAR'S SIGNA	HURE
0 5	ELEVEN	1/1. 15			SEP 9 60) (dechart d. 70	Andrew .
1510.	LISHENI	/11, N.		DATE				
CA 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	111/11/11/11/							

The state of the s ALL OF THE PROPERTY OF THE PARTY OF THE PART Bootsalk hatte bullets and a management DESTRUCTED STATES STATE STATE OF STATE

FOR STATE TO DEPUTY ME AL EXAMINEE: This certificate should be executed within 24 hours after death. If any delay it is essary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral discord. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR. Page 3 should be used as a buriel-fransit permit. File ages, I and 2 with the State Board of bleekk, its designated agent who is designated agent who is designated agent who is designated agent.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of SEATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND SEATISTICAL EXAMINER'S CERTIFICATE OF DEATH

	Charles to		2. USUAL RESIDENCE	ь.	ved, If institution, Re COUNTY	sidence before edmission
	outside corporate limits, give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	Land foutside corporete limi	s, write RURAL end	give neerest town)
	Plata AL OR INSTITUTION (IF not in I	hospitel, give street address)	d. STREET ADDRESS	ata		IS RESIDENCE ON A FARM?
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Dey Yeer
(Type or print)	JAMES	MELVIN	WALLACE	THE RESIDENCE IN CO.	anuary	17 19 60
5. SEX	Golored WIDON		DATE OF BIRTH	9. AGE (In lest birt	yeers IF UNDER 1 Y hdey) Months Do	EAR IF UNDER 24 HRS. Hours Min.
toe. USUAL OCCUPATION done during most of wor		KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign country)		EN OF WHAT COUNTRY
13. FATHER'S NAME	LL 111000	200	14. MOTHER'S MAIDEN	YAME (Anson	
	R IN U.S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17. 1	NEORMANT	lallors	dorges Pla	ta mol
PART I. DEATH	DUE TO (b)	rulent Meningit:	is.	Md and an and an		INTERVAL BETWEEN ONSET AND DEATH
(a), stelling the uncausa lest. PART II. OTHER 2Da. EXTERNAL CA PRIMARY or COI CAUSE OF DEATH.) (c)	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	HAL DISEASE CONDITIO	DN GIVEN IN PART I	18) 19. WAS AUTOPSY PERFORMED? YES NO NO
200. EXTERNAL CA PRIMARY OF COI CAUSE OF DEATH.		CRIBE HOW INJURY OCCURED, (E	ntar nature of injury in Part	I or Pert II of Item 18.)		
ZOC. TIME OF INJUIT	W		CE OF INJURY (Homa, farm ory, street, office bldg., etc.		(Count	y) (Stete)
Patiti						
		emains described above, he		, Undetermin	Inquiry, ned manner	and in my opinion
21. I certify th		_ / / _	CHIEF MEDICAL E	Undetermin		date signed
21. I certify the death resulted for actual signature Examiner's NAME (Typs)	Natural causes De Charles S. Charles S.	Accident _, Suici	de , Homicide CHIEF MEDICAL E M.D. ASSISTANT MEDI DEPUTY MEDICAL Address (Street, of	Undeferming XAMINER CAL EXAMINER CAL EXAMINER CALEXAMINER CALEXAMI	ned manner	date signed
21. I certify the death resulted for actual signature examiner's	Charles S. Charles S. Charles S. N. 22b. DATE THEREOF CM. 13 1960	Accident . Suici	de, Homicide CHIEF MEDICAL EM.D. ASSISTANT MEDI DEPUTY MEDICAL Address (Street, c CREMATORY	CAL EXAMINER CAL EXAMINER CAL EXAMINER CAL EXAMINER CALL E	ned manner	DATE SIGNED 1-18-60 (Stefa)

AND REPORT OF THE PARTY OF THE THE RESIDENCE OF THE PROPERTY household the same to be and a same to the second or other circles of the No. turn * * C ----